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APPLICANTS

Jonathan M. Graff, Rockwall, TX;
Deborah A. Ferguson, Dallas, TX;
Qun Zang, Dallas, TX;
Jeffrey A. Spencer, Grand Prairie, TX;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u><i>[Signature]</i></u> <u><i>PSH</i></u> Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 7
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ADDRESS

M. Michelle Muller
VINSON & ELKINS LLP
2300 First City Tower
1001 Fannin
Houston, TX 77002-6760

TITLE

Markers for diagnosing and treating breast and ovarian cancer

FILING FEE RECEIVED 1262	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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